

Household (HH) Information Panel				HH
#	Question		Options	
HH0	District No.		<input type="text"/>	<input type="text"/>
HH1	Cluster No.		<input type="text"/>	<input type="text"/>
HH2	HH No.		<input type="text"/>	<input type="text"/>
HH3	Enumerator Name & No.		<input type="text"/>	<input type="text"/>
HH4	Supervisor Name & No.		<input type="text"/>	<input type="text"/>
HH5	Day/Month/Year of Interview		<input type="text"/>	<input type="text"/>
HH6	Urban/Rural (Urban=1, Rural=2)		<input type="text"/>	<input type="text"/>
HH7	Name of the Head of the HH (To be filled-in after completing HL Module)		<input type="text"/>	
HH8 to HH15C be filled-in after all questions for the HH have been completed				
HH8	Result of HH interview		Completed <input type="text"/>	1
			Not at home <input type="text"/>	2
			Refused <input type="text"/>	3
			Other (specify) <input type="text"/>	6
HH9	Respondent to HH Form: Name <input type="text"/>		Line No.:	<input type="text"/>
HH10	Total No. of HH members		<input type="text"/>	<input type="text"/>
HH11	No. of women 15–49 for interview	<input type="text"/>	HH12	No. of women 15–49 Forms completed
HH13	No. of children < 5 for interview	<input type="text"/>	HH14	No. of children < 5 Forms completed
HH15	No. of men 15–49 for interview	<input type="text"/>	HH16	Is this HH selected for the male interview? Yes.....1 No.....2
HH17	No. of men 15–49 Forms completed	<input type="text"/>	HH18	Data Entry Clerk Name & No. <input type="text"/>

1) HH Listing Module

First, please tell me the name of each person who usually lives here, starting with the head of the HH. List the head of the HH in line 01. List all HH members (HL2), their relationship to the HH head (HL3), and their sex (HL4). Then ask: Are there any others who live here, even if they are not at home now? (These may include children in school or at work). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used

Line	HL1 Line No.	HL2 Name	HL3 What is the relationship of (Name) to the head of the HH?	HL4 Is (Name) male or female? 1 Male 2 Female	HL5 How old is (Name)? How old was (Name) on his/her last birthday? Record in completed years 98=DK*	Eligible for:			For children age 0-17 year ask HL9 to HL12A												
						Women Interview	Child Labor Module	Under-5 Interview	Men Interview	If age 18-59	HL9	HL10	HL10A	HL11	HL12	HL12A					
						15-49	Mother	Mother	15-49	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
01			0 1	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	01	<input type="checkbox"/>	<input type="checkbox"/>	01	1	2	8	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8
02			<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	02	<input type="checkbox"/>	<input type="checkbox"/>	02	1	2	8	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8
03			<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	03	<input type="checkbox"/>	<input type="checkbox"/>	03	1	2	8	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8
04			<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	04	<input type="checkbox"/>	<input type="checkbox"/>	04	1	2	8	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8
05			<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	05	<input type="checkbox"/>	<input type="checkbox"/>	05	1	2	8	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8
06			<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	06	<input type="checkbox"/>	<input type="checkbox"/>	06	1	2	8	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8
07			<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	07	<input type="checkbox"/>	<input type="checkbox"/>	07	1	2	8	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8

1) HH Listing Module... Contd.

HL																				
For children age 0-17 year ask HL9 to HL12A																				
HL1 Line No.	HL2 Name	HL3 What is the relationship of (Name) to the head of the HH?	HL4 Is (Name) male or female? 1 Male 2 Female	HL5 How old is (Name)? How old was (Name) on his/her last birthday? Record in completed years 98=DK*	Eligible for :			If age 18-59												
					Women Interview HL6 Circle Line No. if woman is age 15-49	Child Labor Module HL7 For each child age 5-14 Who is the mother or primary caretaker of this child? Record Line No. of mother/ caretaker	Under-5 Interview HL8 For each child under 5 Who is the mother or primary caretaker of this child? Record Line No. of mother/ caretaker	Men Interview HL8B Circle Line No. if man is age 15-49	HL9 Is (Name's) natural mother alive? 1 Yes 2 No 8 DK	HL10 Does (Name's) natural mother live in this HH? Record line no. of mother or 'No'	HL10A If mother does not live in HH: (for 00 in HL10) Has (Name's) mother been very sick for at least 3 months in the past 12 months	HL11 Is (Name's) natural father alive? 1 Yes 2 No 8 DK	HL12 If alive: Does (Name's) natural father live in this HH? Record line no. of father or 'No'	HL12A If father does not live in HH: (for 00 in HL12) Has (Name's) father been very sick for at least 3 months in the past 12 months						
Line	Name	Relation	M	F	Age	15-49	Mother	15-49	Y	N	DK	Mother	Y	N	DK	Father	Y	N	DK	
09			1	2		10			10	1	2	8		1	2	8		1	2	8
10			1	2		11			11	1	2	8		1	2	8		1	2	8
11			1	2		12			12	1	2	8		1	2	8		1	2	8
Are there any other persons living here - even if they are not members of your family or do not have parents living in this HH? Including children at school or work? If yes, insert child's name and complete the form. Fill in the totals below:																				
* : See instructions: To be used for only for elderly HH members (code meaning "do not know/over age 50")						Women 15-49	Children 5-14	Children Under 5	Men 15-49	Very sick (=1)	Mother Dead (=2)	Mother very sick (=1)	Mother Dead (=2)	Father Dead (=2)	Father very sick (=1)	Father	Father very sick (=1)			
TOTALS																				

Codes for HL3 : Relationship to the Head of HH:

- 01 - Head
- 02 - Wife or Husband
- 03 - Son or Daughter
- 04 - Son-in-law or Daughter-in-law
- 05 - Grand child
- 06 - Parent
- 07 - Parent-in-law
- 08 - Brother or Sister
- 09 - Brother-in-law or Sister-in-law
- 10 - Uncle/Aunt
- 11 - Niece/Nephew by blood
- 12 - Niece/Nephew by marriage
- 13 - Other relative
- 14 - Adopted/Foster/Step child
- 15 - Not related
- 98 - Don't know

2) Education Module

ED

For HH members age 5 and above										For HH members age 5-24 years									
ED1 Line No.	ED1A Name	ED1B How old is (Name)? How old was (Name) on his/her last birthday? Record in completed years 98=DK*	ED2 Has (Name) ever attended school or pre-school? 1 Yes⇒ED3 2 No⇒Next Line	ED3 What is the highest level of school (Name) attended? What is the highest class (Name) completed at this level? Level: 0 Pre-school 1 Primary 2 Secondary 3 Higher 6 Non standard Curriculum 8 DK Class: 98 DK If < 1 grade, enter 00	ED4 During 2006 school year, did (Name) attend school or pre-school any time? 1 Yes 2 No ⇒ED7	ED5 Since last (day of the week), how many days did (Name) attend school? Insert no. of days	ED6 During this school year 2006, which level and class is (Name) attending? Level: 0 Pre-school 1 Primary 2 Secondary 3 Higher 6 Non-standard Curriculum 8 DK Class: 98 DK	ED7 Did (Name) attend school or preschool at any time during the previous school year 2005? 1 Yes 2 No ⇒Next Line 8 DK ⇒Next Line	ED8 During that previous school year 2005, which level and class did (Name) attend? Level: 0 Pre-school 1 Primary 2 Secondary 3 Higher 6 Non standard Curriculum 8 DK Class: 98 DK	Y	N	Level	Class	Y	N	DK	Level	Class	
			1	0 1 2 3 6 8	1		0 1 2 3 6 8	1	0 1 2 3 6 8	1	2	8		1	2	8	0 1 2 3 6 8		
			1	0 1 2 3 6 8	1		0 1 2 3 6 8	1	0 1 2 3 6 8	1	2	8		1	2	8	0 1 2 3 6 8		
			1	0 1 2 3 6 8	1		0 1 2 3 6 8	1	0 1 2 3 6 8	1	2	8		1	2	8	0 1 2 3 6 8		
			1	0 1 2 3 6 8	1		0 1 2 3 6 8	1	0 1 2 3 6 8	1	2	8		1	2	8	0 1 2 3 6 8		
			1	0 1 2 3 6 8	1		0 1 2 3 6 8	1	0 1 2 3 6 8	1	2	8		1	2	8	0 1 2 3 6 8		
			1	0 1 2 3 6 8	1		0 1 2 3 6 8	1	0 1 2 3 6 8	1	2	8		1	2	8	0 1 2 3 6 8		
			1	0 1 2 3 6 8	1		0 1 2 3 6 8	1	0 1 2 3 6 8	1	2	8		1	2	8	0 1 2 3 6 8		
			1	0 1 2 3 6 8	1		0 1 2 3 6 8	1	0 1 2 3 6 8	1	2	8		1	2	8	0 1 2 3 6 8		
			1	0 1 2 3 6 8	1		0 1 2 3 6 8	1	0 1 2 3 6 8	1	2	8		1	2	8	0 1 2 3 6 8		
			1	0 1 2 3 6 8	1		0 1 2 3 6 8	1	0 1 2 3 6 8	1	2	8		1	2	8	0 1 2 3 6 8		

3) Water & Sanitation Module			WS
#	Question	Options	Skip
WS1	What is the main source of drinking water for members of your HH?	<u>Piped water</u> Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe.....13 Tubewell/borehole with hand-pump.....21 Tubewell/borehole with powered pump ...22 <u>Dug well</u> Protected well.....31 Unprotected well.....32 <u>Water from spring</u> Protected spring.....41 Unprotected spring.....42 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank/drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Bottled water.....91 Other (<i>specify</i>) <input type="text"/> 96	11⇒WS4A 12⇒WS4A ⇒WS3 91⇒WS2 96⇒WS3
WS2	What is the main source of water used by your HH for other purposes such as cooking & hand washing?	<u>Piped water</u> Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe.....13 Tubewell/borehole with hand-pump.....21 Tubewell/borehole with powered pump ...22 <u>Dug well</u> Protected well.....31 Unprotected well32 <u>Water from spring</u> Protected spring.....41 Unprotected spring.....42 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank/drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Other (<i>specify</i>) <input type="text"/> 96	11⇒WS5 12⇒WS5
WS3	How long does it take to go there, get water and come back?	No. of minute..... <input type="text"/> <input type="text"/> <input type="text"/> Water on premises.....995 DK.....998	995⇒WS4A
WS4	Who usually goes to this source to fetch the water for your HH? Probe: Is this person under age 15? What sex?	Adult woman.....1 Adult man.....2 Female child (under 15).....3 Male child (under 15).....4 DK.....8	
WS4A	How do you store the water in the HH?	Jerry can/Narrow neck container with lid.....1 Jerry can/Narrow neck container without lid.....2 Open container with lid.....3 Open container without lid.....4 Others (<i>specify</i>) <input type="text"/> 6	
WS5	Do you treat your water in any way to make it safer to drink?	Yes.....1 No.....2 DK.....8	2⇒WS7 8⇒WS7

3) Water & Sanitation Module			WS
#	Question	Options	Skip
WS6	What do you usually do to the water to make it safer to drink? Anything else? (Record all items mentioned)	Boil.....A Add bleach/chlorineB Strain it through a clothC Use water filter (ceramic, sand, composite, etc.).....D Solar disinfectionE Let it stand and settleF Other (<i>specify</i>) <input type="text"/> X DKZ	
WS7	What kind of toilet facility do members of your HH usually use? If "flush" or "pour flush": probe where does it flush to? Ask for permission & observe the facility.	<u>Flush / pour flush</u> Flush to piped sewer system.....11 Flush to septic tank.....12 Flush to pit (latrine)13 Flush to somewhere else.....14 Flush to unknown place/not sure/DK where to flush15 <u>Pit latrine</u> Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab22 Pit latrine without slab/open pit23 Pit latrine with slab & cover.....24 Pit latrine with slab & foot rest.....25 Pit latrine with slab, cover & foot rest.....26 Composting toilet31 Bucket.....41 Hanging toilet/hanging latrine51 No facilities or bush or field95 Other (<i>specify</i>) <input type="text"/> 96	95⇒ WS11
WS8	Do you share this facility with other HHs?	Yes1 No2	2⇒ WS10
WS9	How many HHs in total use this toilet facility?	No. of HHs (if less than 10) <input type="text"/> Ten or more HHs.....10 DK98	
WS10	Do you have a hand-washing facility outside the toilet? Ask for permission & observe the facility.	Seen the facility filled with water1 Seen the facility but no water.....2 Not seen3 No facility4	
WS11	Does your HH have soap (or washing powder/ liquid) at present?	Yes1 No2	2 ⇒ NM
WS12	Can I see it? Ask them to show you	Seen1 Not seen2	

4) HH Characteristics Module			HC
#	Question	Options	Skip
HC1A	What is the religion of the Head of this HH?	Catholic.....01 CCAP02 Anglican.....03 Seventh Day Advent/Baptist.....04 Other Christian.....05 Muslim06 Hindu07 No Religion.....08 Others (<i>Specify</i>) <input type="text"/> 96	
HC1B	What is your (HH) tribe or ethnic group?	Chewa01 Tumbuka02 Lomwe.....03 Tonga.....04 Yao05 Sena06 Nkonde.....07 Ngoni.....08 Others (<i>Specify</i>) <input type="text"/> 96	
HC2	How many rooms in this HH are used for sleeping?	No. of rooms..... <input type="text"/> <input type="text"/>	
HC3	Main material of the dwelling floor: Record observation	<u>Natural floor</u> Earth/sand.....11 Dung.....12 <u>Rudimentary floor</u> Wood planks.....21 Palm/bamboo22 <u>Finished floor</u> Parquet or polished wood.....31 Vinyl or asphalt strips32 Ceramic tiles.....33 Cement34 Carpet.....35 Other (<i>specify</i>) <input type="text"/> 96	
HC4	Main material of the roof: Record observation	<u>Natural roofing</u> No Roof.....11 Thatch/palm leaf.....12 Sod13 <u>Rudimentary Roofing</u> Rustic mat21 Palm/bamboo22 Wood planks.....23 <u>Finished roofing</u> Metal.....31 Wood32 Calamine/cement fiber33 Ceramic tiles.....34 Cement35 Roofing shingles36 Other (<i>specify</i>) <input type="text"/> 96	

4) HH Characteristics Module			HC																											
#	Question	Options	Skip																											
HC5	Main material of the walls: Record observation	<u>Natural walls</u> No walls11 Cane/palm/trunks12 Dirt.....13 <u>Rudimentary walls</u> Bamboo with mud.....21 Stone with mud22 Uncovered adobe23 Plywood.....24 Carton25 Reused wood.....26 <u>Finished walls</u> Cement31 Stone with lime/cement.....32 Bricks.....33 Cement blocks.....34 Covered adobe.....35 Wood planks/shingles36 Other (<i>specify</i>) <input type="text"/> 96																												
HC6	What type of fuel does your HH mainly use for cooking?	Electricity.....01 Liquid Propane Gas (LPG).....02 Natural gas.....03 Biogas04 Kerosene05 Coal / Lignite06 Charcoal07 Wood08 Straw/shrubs/grass09 Animal dung10 Agricultural crop residue.....11 Other (<i>specify</i>) <input type="text"/> 96	01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8																											
HC7	In this HH, is food cooked on an open fire, an open stove or a closed stove? Probe for type	Open fire1 Open stove2 Closed stove.....3 Other (<i>specify</i>) <input type="text"/> 6	3⇒HC8 6⇒HC8																											
HC7A	Does the fire/stove have a chimney or a hood?	Yes1 No2																												
HC8	Is the cooking usually done in the house, in a separate building or outdoors?	In the house1 In a separate building.....2 Outdoors3 Other (<i>specify</i>) <input type="text"/> 6																												
HC9	Does your HH have: Electricity? Radio? Television? Mobile Telephone? Telephone (Landline)? Refrigerator? Computer? An Internet Connection?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile Telephone1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Telephone (Landline)1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Internet Connection.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio1	1	2	Television.....1	1	2	Mobile Telephone1	1	2	Telephone (Landline)1	1	2	Refrigerator.....1	1	2	Computer.....1	1	2	Internet Connection.....1	1	2	2⇒HC10
	Yes	No																												
Electricity.....	1	2																												
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Television.....1	1	2																												
Mobile Telephone1	1	2																												
Telephone (Landline)1	1	2																												
Refrigerator.....1	1	2																												
Computer.....1	1	2																												
Internet Connection.....1	1	2																												
HC10	Does any member of your HH own: A. Watch? B. Bicycle? C. Motorcycle or Scooter? D. An animal-drawn Cart? E. A Car or Truck? F. A Boat with a Motor?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle/Scooter1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car/Truck1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch.....1	1	2	Bicycle1	1	2	Motorcycle/Scooter1	1	2	Animal drawn-cart.....1	1	2	Car/Truck1	1	2	Boat with motor1	1	2							
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Car/Truck1	1	2																												
Boat with motor1	1	2																												
HC11	Does any member of this household own any land that can be used for agriculture?	Yes1 No2	2⇒HC13																											

4) HH Characteristics Module			HC
#	Question	Options	Skip
HC12	How many hectares of agricultural land do members of this household own? If more than 97, record '97'. If unknown, record '98'.	Acres 1 <input type="text"/> <input type="text"/> <input type="text"/> (Or) Hectares 2 <input type="text"/> <input type="text"/> <input type="text"/>	
HC13	Does this HH own any livestock, herds, or farm animals?	Yes 1 No 2	2⇒NM
HC14	How many of the following animals does this HH have? Cattle? Horses, donkeys, or mules? Goats? Sheep? Pigs? Chickens? If none, record '00'. If more than 97, record '97'. If unknown, record '98'.	Cattle <input type="text"/> <input type="text"/> Horses, donkeys, or mules <input type="text"/> <input type="text"/> Goats <input type="text"/> <input type="text"/> Sheep <input type="text"/> <input type="text"/> Pigs <input type="text"/> <input type="text"/> Chickens <input type="text"/> <input type="text"/>	

5) ITN Module			TN
#	Question	Options	Skip
TN1	Does your HH have any mosquito net that can be used while sleeping?	Yes1 No2	2⇒NM
TN2	How many mosquito nets does your HH have? If 7 or more nets, record '7'.	Number of nets..... <input type="text"/>	
TN2A	Where did you get the mosquito net? If there is more than one net in the HH, ask question referring to the most recently obtained net.	<u>Public sector</u> Govt. hospital.....11 Govt. health centre.....12 Govt. health post.....13 Village health worker(HSA)14 Mobile/outreach clinic15 Other public (<i>specify</i>) <input type="text"/> 16 Village Health Committee.....17 <u>Private medical sector</u> Private hospital/clinic21 Private physician22 Private pharmacy23 Mobile clinic24 Other private medical (<i>specify</i>) <input type="text"/> 26 <u>Other source</u> Relative or friend31 Shop32 Traditional practitioner33 Other (<i>specify</i>) <input type="text"/> 96 DK98	
TN5	When you got the (most recent) net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes1 No2 DK/Not sure.....8	
TN6	How many months ago was the (most recent) net obtained? If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.	Months ago..... <input type="text"/> <input type="text"/> More than 24 months ago.....95 Not sure98	
TN7	Since you got the net(s) has it (have any of these nets) ever been soaked or dipped in a liquid to kill/repel mosquitoes?	Yes1 No2 DK8	2⇒NM 8⇒NM
TN8	How long ago was the most recent soaking/dipping done? If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.	Months ago..... <input type="text"/> <input type="text"/> More than 24 months ago.....95 Not sure98	

6) Orphan-hood Module			OV		
#	Question	Options			Skip
OV1	Check HL5: Any children 0–17? <input type="checkbox"/> Yes ⇒ Continue to OV2 <input type="checkbox"/> No ⇒ Next Module				
OV2	I would like you to think back over the past 12 months. Has any usual member of your HH died in the last 12 months?	Yes1 No2			2⇒OV5
OV3	(Of those who died in the past 12 months) were any of these people between the ages of 18 and 59 Yrs.?	Yes1 No2			2⇒OV5
OV4	(Of those who died in the past 12 months and were between the ages of 18 and 59 Yrs.) were any of these people seriously ill for 3 of the 12 months before he/she died?	Yes1 No2			1⇒OV8
OV5	Return to the HH Listing and check the following <input type="checkbox"/> Check totals for HL9 and HL11 At least one mother or father dead ⇒ OV8 <input type="checkbox"/> No mother or father dead <input type="checkbox"/> Check totals for HL8A At least one adult aged 18–59 very sick 3 of last 12 months ⇒ OV8 <input type="checkbox"/> No adult aged 18–59 very sick 3 of last 12 months <input type="checkbox"/> Check totals for HL10A and HL12A At least one mother or father ill 3 of last 12 months ⇒ OV8 <input type="checkbox"/> No mother or father ill 3 of last 12 months ⇒ Go to Next Module				
OV8	List all children aged 0-17 Yrs. below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the HH Listing Module. Use a continuation sheet if there are more than 4 children age 0–17 in the HH. Ask all questions for one child before moving to the next child.				
		1 st child	2 nd child	3 rd child	4 th child
	Name (from HL2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Line number (from HL1)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Age (from HL5)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
OV9	I would like to ask you about any formal, organized help or support that your HH may have received for (Name) and for which you did not have to pay. By formal organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community-based. Remember this should be support for which you did not pay.				
OV10	Now I would like to ask you about the support your HH received for (Name). In the last 12 months, has your HH received any medical support for (Name), such as medical care, supplies or medicine?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8
OV11	In the last 12 months, has your HH received any emotional or psychological support for (Name), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home?	Yes1 No2 2⇒OV13 DK8	Yes1 No2 2⇒OV13 DK8	Yes1 No2 2⇒OV13 DK8	Yes1 No2 2⇒OV13 DK8
OV12	Did your HH receive any of this support in the past 3 months?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8
OV13	In the last 12 months, has your HH received any material support for (Name), such as clothing, food or financial support?	Yes1 No2 2⇒OV15 DK8	Yes1 No2 2⇒OV15 DK8	Yes1 No2 2⇒OV15 DK8	Yes1 No2 2⇒OV15 DK8
OV14	Did your HH receive any of this support in the past 3 months?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8

6) Orphan-hood Module		OV			
OV15	In the last 12 months, has your HH received any social support for (Name), such as help in HH work, training for a caregiver, or legal services?	Yes1 No2 2⇒OV17 DK8	Yes1 No2 2⇒OV17 DK8	Yes1 No2 2⇒OV17 DK8	Yes1 No2 2⇒OV17 DK8
OV16	Did your HH receive any of this support in the past 3 months?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8
OV17	Check OV8: Age of the child 5–17 Yr?	Yes ⇒ OV18 No ⇒ OV19	Yes ⇒ OV18 No ⇒ OV19	Yes ⇒ OV18 No ⇒ OV19	Yes ⇒ OV18 No ⇒ OV19
OV18	In the last 12 months, has your HH received any support for (name's) schooling, such as allowance, free admission, books or supplies?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8
OV19	Check HL3: Is code 15?	Yes ⇒ OV20 No ⇒ Next Child	Yes ⇒ OV20 No ⇒ Next Child	Yes ⇒ OV20 No ⇒ Next Child	Yes ⇒ OV20 No ⇒ Next Child
OV20	Length of stay of the child in this HH (Record in months)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
OV20A	No. of previous homes/institutes where the child stayed before coming to this HH (Exclude his/her parents' home)	<input type="text"/> DK8	<input type="text"/> DK8	<input type="text"/> DK8	<input type="text"/> DK8

7) Child Labour Module

CL

To be administered to mother/caretaker of each child in the HH age 5 through 14 years. For HH members below age 5 or above age 14, leave rows blank. Now I would like to ask about any work children in this HH may do.

CL1 Line no.	CL2 Name	CL3 During the past week, did (Name) do any kind of work for someone who is not a member of this HH? If Yes: For pay in cash or kind? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4 If Yes: Since last (day of the week), about how many hours did he/she do this work for someone who is not a member of this HH? If more than one job, include all hours at all jobs. Record response then ⇒ CL6			CL5 At any time during the past year, did (Name) do any kind of work for someone who is not a member of this HH? If Yes: For pay in cash or kind? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No			CL6 During the past week, did (Name) help with HH chores such as shopping, collecting firewood, cleaning, fetching water or caring for children? 1 Yes 2 No ⇒ CL8		CL7 If Yes: Since last (day of the week), about how many hours did he/she spend doing these chores?		CL8 During the past week, did (Name) do any other family work (on the farm or in a business or selling goods in the street?) 1 Yes 2 No ⇒ Next Line		CL9 If Yes: Since last (day of the week), about how many hours did he/she do this work?	
		Yes Paid	Un paid	No	No. of hours	Yes Paid	Un paid	No	Yes	No	No. of hours	Yes	No	No. of hours				
		1	2	3	<input type="text"/>	<input type="text"/>		1	2	3	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
		1	2	3	<input type="text"/>	<input type="text"/>		1	2	3	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
		1	2	3	<input type="text"/>	<input type="text"/>		1	2	3	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
		1	2	3	<input type="text"/>	<input type="text"/>		1	2	3	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
		1	2	3	<input type="text"/>	<input type="text"/>		1	2	3	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
		1	2	3	<input type="text"/>	<input type="text"/>		1	2	3	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
		1	2	3	<input type="text"/>	<input type="text"/>		1	2	3	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
		1	2	3	<input type="text"/>	<input type="text"/>		1	2	3	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>

8) Salt Iodisation Module			SI																											
#	Question	Options	Skip																											
SI1A	Did you hear about iodised salt?	Yes1 No2	2⇒ SI1																											
SI1B	Where did you hear about iodised salt? A. On the radio? B. On the television? C. News paper? D. On a poster? E. On salt packet itself? F. On clothing (ie., Cap, Chitenji, T-Shirt)? G. In a drama H. Somewhere else? (Specify)	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>News paper.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Poster</td> <td>1</td> <td>2</td> </tr> <tr> <td>Salt packet itself.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Clothing.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Drama.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify) <input style="width: 100px;" type="text"/></td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Radio	1	2	Television.....	1	2	News paper.....	1	2	Poster	1	2	Salt packet itself.....	1	2	Clothing.....	1	2	Drama.....	1	2	Others (Specify) <input style="width: 100px;" type="text"/>	1	2	
	Yes	No																												
Radio	1	2																												
Television.....	1	2																												
News paper.....	1	2																												
Poster	1	2																												
Salt packet itself.....	1	2																												
Clothing.....	1	2																												
Drama.....	1	2																												
Others (Specify) <input style="width: 100px;" type="text"/>	1	2																												
SI1C	Where do you store the salt at home?	Container with lid1 Container without lid2 Same packet in which salt was bought.....3 Lying on a surface (open)4 Lying on a surface (covered)5 Other (Specify) <input style="width: 100px;" type="text"/> 6																												
SI1	We would like to check whether the salt used in your HH is iodised. May I see a sample of the salt used to cook the main meal eaten by members of your HH last night? Once you have examined the salt, circle number that corresponds to test outcome.	Not iodised1 Less than 15 ppm.....2 15 ppm and more.....3 No salt at home6 Salt not tested.....7	2⇒ SI2 3⇒ SI2 6⇒ SI2 7⇒ SI2																											
SI4	Check SI1A and SI1: <input type="checkbox"/> If 1 in both SI1A and SI1 ⇒ Continue to SI5 <input type="checkbox"/> Otherwise ⇒ SI2																													
SI5	Test showed that this salt is not iodised. What is the <u>main</u> reason for not using the iodised salt by your HH?	Too expensive1 Not available in the market2 Doesn't taste good.....3 Not considered necessary.....4 Did not know that salt is not iodised.....5 Others <input style="width: 100px;" type="text"/> 6																												
SI2	Does any eligible woman age 15-49 reside in the HH? Check HL6 of HH Listing Module. You should have a Form with the Woman Information Panel filled in for each eligible woman. <input type="checkbox"/> Yes ⇒ Go to WOMAN 15-49 FORM to administer the questions to the first eligible woman. <input type="checkbox"/> No ⇒ Continue to SI3.																													
SI3	Does any child under the age of 5 reside in the HH? Check HL8 of HH Listing Module. You should have a Form with the Under-Five Information Panel filled in for each eligible child. <input type="checkbox"/> Yes ⇒ Go to CHILD < 5 FORM to administer the Form to mother or caretaker of the first eligible child. <input type="checkbox"/> No ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all Forms for this household and tally the number of interviews completed on the cover page.																													

